

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 16, 2005 8:00 am
Secretary of State

02-16-2005 90055 034 ***150.00

DOCUMENT # F86215

1. Entity Name

DAVID COHN & ASSOCIATES, INC.



Principal Place of Business

2000 TOWERSIDE TERR
#607
MIAMI FL 33138

Mailing Address

2000 TOWERSIDE TERR
#607
MIAMI FL 33138

50016817



1st MOORE

CR2E034 (10/04)

2. Principal Place of Business

1985 S. OCEAN DR.

3. Mailing Address

1985 S. OCEAN DR.

Suite, Apt. #, etc.

PH-B

Suite, Apt. #, etc.

PH-B

City & State

HALLANDALE, FL

City & State

HALLANDALE, FL

4. FEI Number

59-2200443

Applied For

Not Applicable

Zip

33009

Country

Zip

33009

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

COHN, DAVID
2000 TOWERSIDE TERRACE #607
MIAMI FL 33138

7. Name and Address of New Registered Agent

Name

COHN, DAVID

Street Address (P.O. Box Number is Not Acceptable)

1985 S. OCEAN DR.

PH-B

City

HALLANDALE

FL

Zip Code

33009

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

2-10-05

FILE NOW!!! FEE IS \$150.00

After May 1, 2005, Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PVTs ☐ Delete
NAME COHN, DAVID
STREET ADDRESS 2290 KEYSTONE BLV
CITY-ST-ZIP N MIAMI FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PVTs ☐ Change ☐ Addition
NAME COHN, DAVID
STREET ADDRESS 1985 S. OCEAN DR. PH-B
CITY-ST-ZIP HALLANDALE, FL. 33009

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAVID COHN

2-10-05

Date

954 456.5127

Daytime Phone #